

HOME ACCESS APPLICANTS PLEASE NOTE

Please do not forget to send in proof and supporting documentation of your income with your application for the City of Sunnyvale's Home Access Grant Program. **Your application cannot be approved without it!**

Refer to the attached instructions for details about proof of income. If you have questions please call (408) 730-7254.

**CITY OF SUNNYVALE
APPLICATION FOR HOME ACCESS GRANT**

NOTICE: CONFIDENTIAL INFORMATION FOR CITY OF SUNNYVALE HOUSING REHABILITATION USE ONLY

Name: _____ Phone: _____

Address: _____

The following information is requested by the federal government in order to monitor the program's compliance with federal laws regarding equal opportunity. You are not required to furnish this information, but are encouraged to do so. The law provides that this program may neither discriminate on the basis of this information, nor on whether you choose to furnish it.

AMERICAN INDIAN OR
____ ALASKAN NATIVE ____ ASIAN
____ WHITE ____ OTHER
(SPECIFY)
____ BLACK OR AFRICAN AMERICAN
____ NATIVE HAWAIIAN OR PACIFIC ISLANDER

Over age 60? ____ yes ____ no Number of people in household: ____

Names of all adult household members: _____

Do you rent your dwelling unit? ____yes ____no

- If you rent, you must get the owner to sign the approval form available from the Home Access Grant Program. (See Attached)

Annual Gross Income \$_____ **PLEASE ATTACH VERIFICATION OF ALL INCOME**
(For all adult household members)

Age of home or dwelling unit _____

Assets (other than home) _____

Unusual expenses (such as child care or medical) \$_____ estimate per year

I understand that I may apply for this grant **one-time** only, (initials ____) therefore; if approved, I would like to have the following work done: **Please check items.**

____ Ramp ____ Modification of Steps ____ Grab Bars ____ Bath Bench
location: _____

____ Lift ____ Hand-held showerhead ____ Doorbell for the hearing impaired

____ Railing(s) ____ Widening of door(s) ____ Other, please explain _____
location: _____

IT MAY BE A FEDERAL CRIME, PUNISHABLE BY A FINE OR IMPRISONMENT, OR BOTH, TO KNOWINGLY MAKE ANY FALSE STATEMENTS TO OBTAIN THIS GRANT.

DATE: _____ APPLICANT'S SIGNATURE: _____

To apply for the Home Access Grant please submit the following:

1. Application for Home Access Grant
2. The City needs to verify incomes of all household members eighteen (18) and older. If you can furnish proof that family members between the ages of eighteen (18) and twenty-three (23) are full-time students, their incomes do not have to be included. For **every adult family member living in the home**, please return or send copies of the following:
 - Copy of most Federal 1040 tax return (include all schedules)
 - Verification of Disability
 - Three (3) most recent paycheck stubs
 - Verification of regular taxable and non-taxable income such as Social Security, Disability, AFDC, unemployment, etc.
 - Pension/annuity statements
 - Most recent quarterly statement of investments owned
 - Recent Bank Statement
 - Verification of other regular monthly income as applicable
 - Copy of Picture ID, showing date of birth
 - If you rent, Property Owner Agreement for Accessibility Work (attached).

Attached are the current income eligibility guidelines. There is also a limit on the amount of assets you can have in savings, stocks, property, and so forth. If you are 60 or younger, in order to qualify, you must have less than \$200,000 in assets, with the exception of the value of your home. If you are 60 or older, the maximum is \$325,000 with the exception of the value of your home.

Program Process:

1. Staff approves grant
2. Staff assigns work to contractor (depending on difficulty of work. In some cases you may wish to find the contractor yourself.
3. Contractor obtains permits, if necessary, for the particular job
4. Work is done
5. City staff inspects work
6. Contractor or material supplier is paid

**Return to: City of Sunnyvale
Housing division
P.O. Box 3707
Sunnyvale, CA 94088-3707**

CITY OF SUNNYVALE

HOME ACCESS GRANT PROGRAM

PROPERTY OWNER AGREEMENT FOR ACCESSIBILITY WORK

I, the owner or manager of the property at _____

Sunnyvale, agree to allow the unit or dwelling at the above address to be

modified to increase its accessibility to the tenant, _____

I understand that the following alterations will be made:

_____ Ramp(s) _____
Location(s)

_____ Grab bars _____

_____ Hall railing(s) _____

_____ Widening of door(s) _____

_____ Modification of kitchen and/or bathroom cabinets _____

I also understand that I am not in any way responsible for the cost of the above alterations. Thus, I agree that such modifications will not cause a rent increase.

Date _____ Owner/Manager _____

CITY OF SUNNYVALE

LEAD BASE PAINT ATTACHMENT

I have read and received a copy of the Pamphlet entitled **“Protect Your Family from Lead in Your Home.”**

Address: _____

Please check which application you are submitting:

Paint Grant ☐

Home Access Grant ☐

Rehab Loan ☐

Print Full Name

Date

Signature

Print Full Name

Date

Signature